

REPORT TO THE
SENATE APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES
HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE
ON HEALTH AND HUMAN SERVICES
THE FISCAL RESEARCH DIVISION
AND
THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

ON

LOCAL MANAGEMENT ENTITIES
CRISIS SERVICE PLANS
Session Law 2006-66
Senate Bill 1741, Section 10.26. (f)

June 29, 2007

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES

A Report on LME Crisis Service Plans

June 29, 2007

The General Assembly enacted Senate Bill 1741, Section 10.26 (Session Law 2006-66) that appropriated funds and outlined legislative requirements regarding the planning and development of a continuum of crisis services for mental health, developmental disabilities, and substance abuse consumers of all ages who are in need of crisis services. The legislation is attached to this report as Attachment 2.

This report covers crisis service system planning and implementation activities that have occurred from January 1, 2007 through March 31, 2007.

Preparation of a Crisis Plan Template and Instructions for Local Management Entities

A standard planning process and template for the Crisis Plans was prepared by consultants from the Technical Assistance Collaborative (TAC) in cooperation with the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) staff. The template also reflected input received from the Local Management Entities (LMEs). The template was designed to facilitate development of the plans by clarifying the appropriate stakeholders to be included in the planning process, the legislative requirements that the plans should address, and to clearly outline the funding needed to implement the plans. The standardized template was also designed to permit review of the plans in a consistent matter.

Three one day meetings were held in Greenville, Raleigh, and Morganton on February 5-7, 2007, to educate LME staff regarding the requirements of the plans and the use of the standardized template. The draft template was modified based upon input received at those meetings and the final plan template was sent to all LMEs on February 13, 2007.

Submission and Review of Crisis Plans

All LMEs submitted a crisis plan on or before the March 1, 2007 due date. It is important to note that although the legislation envisioned the development of 15 regional plans, the plans actually received from the LMEs were individual plans, except for those plans received from programs that were in the process of merger (Albemarle/Tideland, Edgecombe-Nash/Wilson-Greene, and Neuse/Pitt/Roanoke-Chowan). Even though the LMEs had selected their partners for this planning effort (see report dated November 30, 2006) the regional groupings did not produce regional plans. Twenty-six (26) individual LME plans were received.

Staff from the Division of MH/DD/SAS reviewed each plan using a standardized review tool developed by TAC. Each plan was evaluated and ranked into three possible categories – recommended, recommended with required edits, or not recommended. One plan was recommended, 18 were recommended with edits and 7 plans were not recommended. In general, the plans that were not recommended were very narrow in scope, did not address the needs of each age/disability consumer category, and reflected little evidence of stakeholder involvement in the planning process. Those plans that were recommended with edits required clarification regarding services for specific populations or details about plans beyond the first year. LMEs were notified regarding any edits required to their plans. TAC and Division staff are working with LMEs on an individual basis to make the necessary edits to plans that did not receive full approval. The charts on the following pages in Attachment 1, reflects the comments regarding each plan.

LME	Recommendations
Alamance/Caswell/Rockingham	NR: Narrow scope, little evidence of stakeholder involvement, excluded developmental disabilities
Albemarle	NR: Narrow scope - only facility based crisis, little evidence of collaboration with local hospitals, DSS, etc.
Catawba	NR: Do not utilize 911 as an option for crisis services, address strategies to identify additional providers of crisis services
CenterPoint	Edits: Expand and clarify issues regarding substance abuse crisis services
Crossroads	Edits: Address increased access to substance abuse services and partnership with ADATC
Cumberland	Edits: Address specific strategies for substance abuse crisis services, expand on DD crisis services
Durham	Recommended
EastPointe	NR: Individualize proposals by disability, use data rather than anecdotes to justify need, plan services as a continuum rather than as stand alone.
Edgecombe-Nash	Edits: Expand plan beyond first year, clarify crisis services for DD population
Five County	Edits: Identify strategies to address identified gaps, outline connections between various aspects of crisis system
Foothills	Edits: Expand crisis services for DD beyond respite, clarify services for children and substance abuse
Guilford	Edits: Expand on crisis services for DD population, elaborate on role of stakeholders in planning process
Johnston	NR: Narrow in scope, no indication of CFAC involvement, identify specific strategies to reduce state hospital utilization
Mecklenburg	Edits: Expand upon implementation proposals, including fallback position if \$8M for county is not appropriated
Neuse	Edits: Expand plan beyond first year, address proposed merger with Beaufort County
New River	Edits: Expand the plan to cover the next few years, enhance services for DD and SA
Onslow-Carteret	NR: Narrow in scope, no differentiation in needs of various population groups
OPC	Edits: Expand the plan to cover next few years, enhance crisis services for DD, elaborate on role of first responders
Pathways	Edits: Expand and clarify detox service needs
Piedmont	Edits: Expand upon crisis services for SA youth, specify actions to achieve goals
Pitt	Included with Neuse
Roanoke-Chowan	Included with Neuse
Sandhills	Edits: Expand plan beyond 1 year, reconcile plan with budget, address transportation issues
Smoky Mountain	NR: Plan incomplete, refine goals and implementation dates, clarify crisis services for SA and DD populations
Southeastern	Edits: Expand upon involvement of stakeholders in planning and implementation
Southeastern Reg.	Edits: Clarify plan for crisis services for substance abuse and DD population
Tideland	Included with Albemarle
Wake	Edits: Clarify plan for crisis services for DD population, explore use of other funding sources
Western Highlands	Edits: Expand plan beyond 1 year, expand upon crisis services for DD population
Wilson-Greene	Included with Edgecombe-Nash

In accordance with the legislation, each LME was to receive a share of the \$5,250,000 in start up funds made available by the General Assembly, determined on the poverty per capita formula, upon approval of the Crisis Plan for the LME. Division management decided that LMEs with plans recommended with edits would receive 75% of the funding in March, 2007, with the remaining 25% to be allocated when all required edits were completed. For those 7 plans that were not recommended, no funding was allocated. On March 29, 2007, the Division allocated \$3,306,811 to LMEs based upon the approval status of the plans. The remaining \$1,943,189 will be allocated as LMEs make the required adjustments to their plans. The following chart displays the funds allocated by LME.

**DHHS - DMH/DD/SAS Crisis
Start-up Funding per SB 1741**

(1) LME	(2) Start-up Funds Available Per SB 1741 (Poverty per capita basis)	(3) Crisis Plan Approval Status	(4) Start-up Funds Approved	(5) Start-up Funds Allocated 3/29/2007	(6) Balance to Allocate upon Receipt of Plan Modifications
Alamance/Caswell/Rockingham	153,544	Not Recommended	0%		153,544
Albemarle	79,854	Not Recommended	0%	0	79,854
Catawba	90,306	Not Recommended	0%	0	90,306
CenterPoint	247,321	Recommend w/ Edits	75%	185,491	61,830
Crossroads	151,118	Recommend w/ Edits	75%	113,339	37,780
Cumberland	188,268	Recommend w/ Edits	75%	141,201	47,067
Durham	147,004	Recommended	100%	147,004	0
Eastpointe	174,152	Not Recommended	0%	0	174,152
Edgecombe-Nash	86,965	Recommend w/ Edits	75%	65,224	21,741
Five County	138,150	Recommend w/ Edits	75%	103,613	34,538
Foothills	148,481	Recommend w/ Edits	75%	111,361	37,120
Guilford	264,979	Recommend w/ Edits	75%	198,734	66,245
Johnston	89,902	Not Recommended	0%	0	89,902
Mecklenburg	480,866	Recommend w/ Edits	75%	360,650	120,217
Neuse	69,163	Recommend w/ Edits	75%	51,872	17,291
New River	98,959	Recommend w/ Edits	75%	74,219	24,740
Onslow-Carteret	135,274	Not Recommended	0%	0	135,274
OPC	131,015	Recommend w/ Edits	75%	98,261	32,754
Pathways	216,209	Recommend w/ Edits	75%	162,157	54,052
Piedmont	399,609	Recommend w/ Edits	75%	299,707	99,902
Pitt	86,769	Recommend w/ Edits	75%	65,077	21,692
Roanoke-Chowan	45,544	Recommend w/ Edits	75%	34,158	11,386
Sandhills	308,491	Recommend w/ Edits	75%	231,368	77,123

DHHS - DMH/DD/SAS Crisis Start-up Funding per SB 1741 (1)	(2)	(3)	(4)	(5)	(6)
	Start-up Funds				
	Available	Crisis		Start-up	Balance to
	Per SB 1741	Plan	Start-up	Funds	Allocate upon
	(Poverty per)	Approval	Funds	Allocated	Receipt of Plan
LME	capita basis)	Status	Approved	3/29/2007	Modifications
Smoky Mountain	110,821	Not Recommended	0%	0	110,821
Southeastern	190,214	Recommend w/ Edits	75%	142,661	47,554
Southeastern Reg.	151,777	Recommend w/ Edits	75%	113,833	37,944
Tideland	56,067	Not Recommended	0%	0	56,067
Wake	459,341	Recommend w/ Edits	75%	344,506	114,835
Western Highlands	291,154	Recommend w/ Edits	75%	218,366	72,789
Wilson-Greene	58,683	Recommend w/ Edits	75%	44,012	14,671
Total	\$5,250,000			\$3,306,811	\$1,943,189

Senate Bill 1741, Section 10.26 (Session Law 2006-66)

Section 10.26(a) Of the funds appropriated in this act to the Department of Health and Human Services, the sum of five million two hundred fifty thousand dollars (\$5,250,000) for the 2006-2007 fiscal year shall be allocated on a per capita basis and shall be used by area authorities and county programs for operational start-up, capital, or subsidies related to the development and implementation of a plan for a continuum of regional crisis facilities and local crisis services ("crisis plan"). Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this section. As used in this section, the term "crisis" includes services for individuals with mental illnesses, developmental disabilities, and substance abuse addictions.

Section 10.26(b). Of the funds appropriated in this act for consultants to aid the Division and LMEs to the Department of Health and Human Services, the sum of two hundred twenty-five thousand dollars (\$225,000) for the 2006-2007 fiscal year shall be used by the Department to enter into one or more personal service contracts to provide technical assistance to Local Management Entities to develop and implement the crisis plans required under subsection (a) of this section. In addition to any other factors the Department determines are relevant when selecting the consultant, the Department shall take into consideration whether an applicant has prior experience evaluating crisis services at a local, regional, and statewide level, prior experience assisting State and local public agencies develop and implement crisis services, and the ability to implement its responsibilities within the time frames established under this section. Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this subsection.

Section 10.26(c) No later than August 15, 2006, the Secretary shall designate between 15 and 25 appropriate groupings of LMEs for the development of regional crisis facilities. As used in this section, the term "regional crisis facility" means a facility-based crisis unit that serves an area that may be larger than the catchment area of a single LME, but that provides adequate access to a facility by all consumers in the State. The Secretary shall consult with LMEs in determining the regional groupings. The Secretary shall also take into consideration geographical factors, prior LME groupings and partnerships, and existing community facilities.

SECTION 10.26 (d). With the assistance of the consultant, the area authorities, and county programs within a crisis region shall work together to identify gaps in their ability to provide a continuum of crisis services for all consumers and use the funds allocated to them to develop and implement a plan to address those needs. At a minimum, the plan must address the development over time of the following components: 24-hour crisis telephone lines, walk-in crisis services, mobile crisis outreach, crisis respite/residential services, crisis stabilization units, 23-hour beds, facility-based crisis, in-patient crisis, and transportation. Options for voluntary admissions to a secured facility must include at least one service appropriate to address the mental health, developmental disability, and substance abuse needs of adults, and the mental health, developmental disability, and substance abuse needs of children. Options for involuntary commitment to a secured facility must include at least one option in addition to admission to a State facility.

If all area authorities and county programs in a crisis region determine that a facility-based crisis center is needed and sustainable on a long-term basis, the crisis region shall first attempt to secure those services through a community hospital or other community facility. If all of the area authorities and county programs in the crisis region determine the region's crisis needs are being met, the area authorities and county programs may use the funds to meet local crisis service needs.

SECTION 10.26 (e) Each LME shall submit its crisis services plan to the Secretary for review no later than March 1, 2007. The plan shall take into consideration and attempt to utilize all other sources of funds in addition to the funds appropriated under this section. The Secretary shall review each plan to determine whether it meets all the requirements of this section. If the Secretary approves the plan, the LME shall receive implementation funding.

The Department may allocate up to three percent (3%) of the funds appropriated under subsection (a) of this section to LMEs to assist them with the cost of developing their crisis services plans.

SECTION 10.26(f) LMEs shall report monthly to the Department and to the consultant regarding the use of the funds, whether there has been a reduction in the use of State psychiatric hospitals for acute admission and any remaining gaps in local and regional crisis services. The consultant and the Department shall report quarterly to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Fiscal Research Division, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services regarding each LME's proposed and actual use of the funds appropriated under this section. The reporting requirements under this subsection shall expire July 1, 2008.